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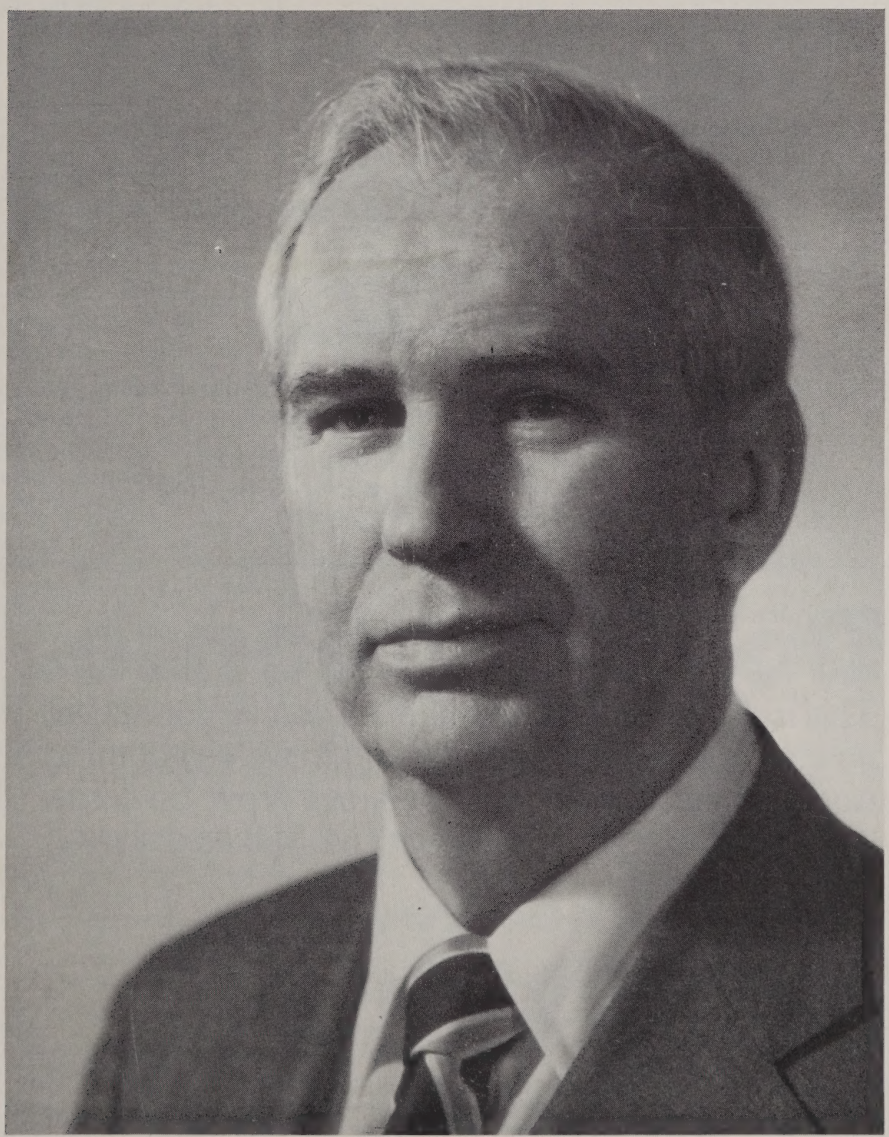
JUNE/JULY
1976



C. NASON BURDEN, M.D.
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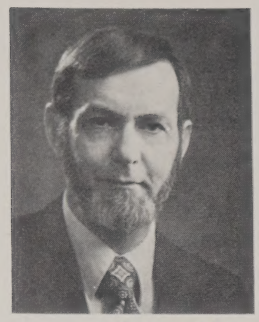

Bruce B. Stoler, M.D.

Your President's Page

Peer Review Revisited

The other day one of our members asked me facetiously, "What happened to your baby?" by which he explained was the *Medical Charges & Peer Review Committee* of HDMS, established by Dr. Bandeian 5 years ago. I was the Chairman until Dr. Verrilli succeeded me last year.

This committee, you may recall, was HDMS's answer to the commercial insurance company's self-determination of the usual and customary fee payable for any given physician service and it was assigned the task of judging exactly what service the physician had rendered and what was a usual fee for this service; in those cases where there was a commercial insurance payable under a "usual and customary" contract or where the patient was liable in the absence of a prior agreement as to the amount of fee payable. The committee functioned quite satisfactorily for a period of 4½ years, though not without criticism from those doctors whose fees the committee reduced. It relied heavily on the Relative Value Guide of the Massachusetts Medical Society and conversion factors adopted by the committee in consultation with the Medical Charges Review Committee of the Massachusetts Medical Society.

I explained to the facetious doctor that early this year the U.S. Dept. of Justice requested the records of the Medical Charges Review Committee of the MMS as part of the general governmental attack on the use of Relative Value Schedules in fee-setting as violations of the Sherman Anti-Trust Law. Following consultation with the Justice Dept. representative, Warner and Stockpole, the Counsel to the MMS, advised Dr. Alfano that a suit and violation penalties could probably be avoided if the state Medical Charges Review Committee was dissolved. This was done promptly, later confirmed by the vote of the Executive Board of MMS. At the same time Dr. Alfano contacted me and suggested that HDMS follow suit. Dr. Verrilli responded to my request to suspend activities until clarification was obtained. There has been no "clarification" except confirmation from the attorneys of MMS that any activity in the area of determining "proper," "usual and customary" or "excessive" fees is extremely risky at this juncture and subject to possible suit and penalty assessments for each

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violation. At the most recent meeting of the Executive Committee of the HDMS, therefore, it was voted to eliminate this responsibility of the District Medical Charges and Peer Review Committee, to shorten the name to *Peer Review Committee,* to ask the By-Laws Committee to redraft Chapter VII, section 18, and to support my wish to assign this committee to deal with the sensitive matter of the "sick" doctor and physician competence. Dr. Verrilli agreed to remain as chairman in this new task in spite of the additional duties imposed by his selection as Vice-President and President-Elect of the District.

The "new" Peer Review Committee will shortly meet to draft its new policies and procedures for approval by the Executive Committee and will appreciate receiving from the membership, from hospital credentials committees and from anyone else who may come to have such knowledge, the names of physicians whose ability to practice medicine may have been compromised by a mental or physical disability. As presently envisioned, the committee will investigate both verbal and written complaints against a physician and where it determines that the evidence warrants it, will sit with the physician , evaluate the complaints, and offer solutions to the problem. The acceptance of a proposed solution by the physician shall ordinarily constitute a satisfactory response to the committee and, in the absence of legal action against the physician, shall remove the need for involvement of the Ethics and Discipline Committee of the MMS or Mass. Board of Registration & Discipline in Medicine. Members who would like to serve on the "new" Peer Review Committee either this year or next year should contact Mrs. Purdy or Dr. Verrilli directly.

Bruce B. Stoler, M.D.
President, Hampden District Medical Society

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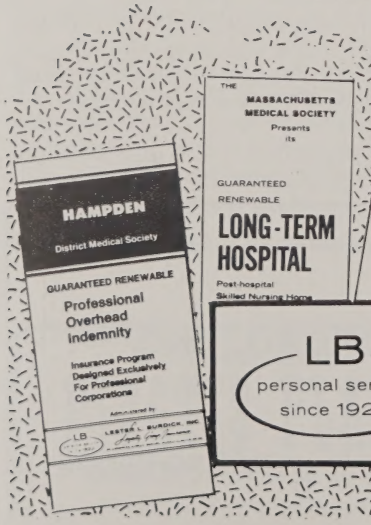

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Highlights of the Executive Committee Meeting May 19, 1976

The Executive Committee met at 7:30 p.m. on Tuesday, May 19, 1976 in the Conference Room of the HDMS.

Present were Drs. Stoler, Kelly, Stoddard, Cox, Smith, Trachtenberg, Waltham, Lynn, and Mrs. Purdy.

The minutes of the April meeting were read and approved as read.

Correspondence: Dr. Cox noted that a letter dated November 1975 from the Western Mass Health Planning Council had asked for a name to be considered for the Board of Directors of the Health Service Agency. The Executive Committee had approved presentation of Dr. Cox's name for member at that time, but no further correspondence has been sent in response to the suggestion. Correspondence to the WMHPC from the Western Mass PSRO, and answers from Mr. Brundage was presented for discussion. In addition information was presented that the Presidents of the other three medical societies in Western Massachusetts, President of the Hospital Association, and the President of the Nursing Home Association had all been contacted and agreed to participate as a unit to spearhead a plan for better provider representation on the HSA by contacting Governor Dukakis and others. It is apparent that WMHPC is not following the guidelines for provider representation in the structure of the new HSA. Dr. Cox was asked to chair this committee by Dr. Stoler. The committee will be called the Regional Provider Committee. Other providers will be contacted for their input regarding this effort.

Flu Vaccine publicity was discussed and news releases will be given by the Public Relations Councilor at the appropriate time.

Old Business

Dr. Alfano responded to a letter of protest from the Executive Committee regarding his stand on the House Bill 3160. It was felt that he had avoided answering the HDMS's objections directly.

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The response from the Department of the Attorney General regarding a complaint about advertising by an Aesthetician claiming a cure for acne, indicated that the Attorney General had referred the complaint to the Board of Registration of Medicine and Discipline. It was felt that the Attorney General Office was not facing up to its local responsibilities and another letter will be sent registering this opinion.

The Mass Medical Society complimented the HDMS and the Women's Auxiliary for their good work on the recent Health Fair.

New Business:

It has been suggested that the Mediation Committee have more than its present four members and this will be referred to the By-Laws Committee for appropriate change. Several letters were discussed including individual situations regarding dues, illness of members, and the issue of smoking in meetings. The latter will be presented as a resolution at the September District Meeting.

The Committee approved the appointment of Dr. Samuel Brendler as an Alternate to the Legislation Committee, and Dr. Walter Nero as an Alternate to the Public Relations Committee.

There is the possibility that the Blue Cross insurance premiums paid by the Physician Insured Group may be calculated on costs are a regional basis which would provide some beneficial change if approved by Blue Cross/Blue Shield in Boston. The Meeting was adjourned at 9:45 pm.
Respectively Submitted,;

Philip B. Stoddard-Secretary

Notice to the Membership:

Your Hampden District Medical Society has contracted to put together and publish a directory of its membership. This directory would have a *current* photograph of you and list your business address and telephone, as well as indicate the type of practice you conduct.

The directory will allow you to rapidly locate a generalist or a specialist, who can handle your referral and it will permit *name and face* association for a friendlier and closer knit society.

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Editorial: Organized Medicine and Its Societies

A new administration is guiding your society. Dr. Bruce Stoler and his handpicked team have pledged themselves to uphold the Bylaws and to improve our medical lot. Similar pledges by other dedicated physicians have been made at the state level and the national level. We in Hampden District are particularly fortunate to have these three level teams working for our mutual benefit. The forces of evil—those individuals who would reduce the physician from a professional scientist and healer, to a cog in a wheel of technicians pushing a socialized, nationalized health care bureaucracy into a second rate level of patient care—are forever with us. These schemers and dreamers look at the total picture in only one direction, from the top (where they sit) downward. They do not understand the intimate and intricate checks and balances at play, which have brought American Medicine to its worldwide foremost position—second to none. Statistics have been gathered and regathered and then interpreted to fit their ideas of what is right and wrong with our non-system. As a lone individual it is difficult to stand up to this onslought of propaganda and misconstrued and misinterpreted facts and data. The individual neither has the time, the financial resources or the full grasp of all the material and means being used to demean and relocate him or her in the social/medical structure and nationalized society envisionaged for the last quarter of this century.

There is a way that a lone physician can protect himself or herself. It is as simple as picking up a pen and filling out the membership application found on page 24. Unfortunately, the 591 physicians who read this Editorial have protected themselves and really do not need to read any further. It is the 158 physicians practicing in Hampden County, who are not members of the Hampden District Medical Society, who are in need of this protection. This number represents 21.1% of the 750 physicians in our District or one out of five. Their support and energy and ideas would make our Society a better organization, a stronger organization and a more effective organization. The HDMS could say to its enemies and detractors that its voice represented 100% of the practicing physicians not merely 80%. A similar strengthening of the state and national societies would clearly show that physicians are united and intend to maintain their professionalism and that they will keep American Medicine in its number one position, in spite or to spite the over zealous planners. Cooperative planning and intelligent consumer input should be maintained as the course of American Medicine is plotted over the next 25 years, as few physicians take the time to grasp and utiilize the magnitude of the health revolution which is changing the concepts and practices of medicine today. Herein the paid professionals in organized medicine are our greatest asset. These people are dedicated to our societies and work hard and long hours for our benefit. The medical lobbyist (a new profession on the scene) detects changes in commit-

Ernest A. Byron, Jr.

SPRINGFIELD

tee and returns with the consensus to the legislators. The give and take of American Politics has moved from the house floor to the committee room and the public hearing. These activities require expenditures of money. For American Medicine there is no other source for these funds, but from the dues and assessments levied by organized medicine against (really for) its membership. The more members the less the individual levy. As you will note on the application blank that dues for regular membership in all three societies adds to $452. At first glance that seems excessive, I should not detail the physical benefits derived therefrom, but ask you to compare what other creature comforts or financial investment would you get for that amount in today's marketplace? It represents an excellent return, its P/E ratio is difficult to beat!

You are urged to sell your societies to those physicians whose names follow. Give them the application blank, after you have extolled the virtues of organized medicine, as well as its vices or outmoded practices. Change is brought about by you—the member participating in organized medicine with your fellow physician in the open court of society meetings or through ideas and suggestions made to the HDMS's new administration or to the Hampden Hippocrat. These physicians are licensed to practice in the Commonwealth but do not belong to the HDMS, the MMS or the AMA. Make joiners out of them and we all will benefit. So will our patients.

The Editor-In-Chief

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Featured Article:

Childhood Radiation, the Thyroid, and You

by Robert H. Dann, M.D.

Recently, both The Mercy Hospital of Springfield and Radiological Associates, Inc. have made attempts to locate or contact patients whose records indicated they had received external radiation to the thymus gland, nasopharynx, or neck during childhood. Because of the known difficulties in tracing such patients, [1] these efforts were made in conjunction with the local news media. The national media have also given considerable publicity to recent articles linking unintentional childhood irradiation of the thyroid gland with subsequent increased risk of development of thyroid neoplasms. There has even been an episode on the "Marcus Welby, M.D." television series devoted to this subject.

As a result of all this attention by the news media, I would suspect that some of you have already been contacted by anxious parents whose son or daughter may have been treated with x-rays in childhood. This article is designed to answer some of your own questions concerning this problem as well as to help you answer your patients' questions.

Historical Background

External irradiation of the thymus gland in newborn children with respiratory or circulatory distress, of the tonsils and adenoids in children with chronic upper respiratory infections and/or otitis media, and of the skin of the neck and face in some inflammatory skin conditions, was common and accepted medical practice throughout the U.S. in the 1930's, 40's, and early 50's. In the early 1950's, the first articles appeared correlating the development of thyroid malignancies in children and young adults with a history of external irradiation of the neck and thyroid in childhood. Gradually, as more and more articles reporting similar findings were published, the link between such irradiation and subsequent development of thyroid neplasms became both more widely known and more definitely established. Accordingly, the practice of using external radiation for treatment of such conditions in children was gradually abandoned, both locally and throughout the U.S.A.

In Springfield, many such treatments were given by radiologists in private offices with appropriate equipment. The records of these treatments are, in some cases, no longer available. Mercy Hospital, with what was at the time a large maternity service, also engaged in the treatment of enlarged thymus glands with x-rays in newborn children. The extent to which other area hospitals were involved in such treatments is unknown to the author.

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Facts Concerning Childhood Irradiation of the Thyroid Gland and Subsequent Risk of Neoplasm

The prevalence of thyroid nodular disease in patients whose thyroid glands were exposed to significant doses of external x-rays during childhood has been variously estimated at between 10% and 28%. [1,2,3] Since only 1/2 of all nodules discovered are palpable without prior knowledge of the results of a thyroid scan,[3] the thyroid scan is a necessary part of initial evaluation.

In those thyroid glands with one or more nodules detected by palpation and or scan, 30% to 50% will harbor malignancies if surgery is done. [1,2,3,4] Of these carcinomas, 50% will me multicentric and most will be found in association with benign adenomas.[3] Many carcinomas have been found remote from the preoperatively detected nodule, emphasizing the importance of careful sectioning of all removed thyroid tissue by the pathologist. The overall prevalence of malignancy, then, is variously estimated at between 2.4% and 9% in this group of patients.[1,2,3,4] Fortunately, distant metastases are quite rare although capsular invasion and local nodal involvement are not unusual. Almost all these tumors are of the papillary, follicular, or mixed types.

The prevalence of carcinoma of the thyroid in careful autopsy series (where theoretically *all* otherwise undetectable carcinomas would be found) has been variously estimated to be between 2.0% and 5.7%.[5,6,7] However, the age specific prevalence, by best current estimates, suggests that spontaneously occurring thyroid carcinoma in the U.S. under the age of 40 is extremely rare.[7]

There is, thus far, little evidence that carcinoma of the thyroid in previously irradiated glands differs in any substantive way from spontaneously developing thyroid carcinoma. In other words, death from the disease is far less prevalent than the disease itself.

What To Do If A Previously Irradiated Patient Comes To You For Thyroid Evaluation

As in any other situation, should you feel that evaluation of the thyroid lies outside your area of expertise, it is best to refer the patient to another physcian whose knowledge of the thyroid is sufficient for adequate evaluation. Assuming you yourself decide to go ahead with the evaluation, the method outlined below is offered as a guide. This method is based largely on recent experience in recall of such patients and on the resultant data. This method is proposed by this author and is based on his opinion alone. *Alternate methods for evaluation and treatment have been proposed and are currently acceptable.*

First, an attempt at obtaining documentation that the patient was indeed treated during susceptible years of childhood *and that the thyroid gland was, or quite likely could have been, included in one or more treatment portals,* should be made. If such documentation is unavailable, it would seem prudent to assume that the gland might have been exposed and to proceed with evaluation as outlined below. Consultation with a colleague in Radiology may help in determining the probability that the thyroid was included in treatment portals.

Assuming that the gland was thought to have possibly been exposed during a susceptible age, (roughly between the ages of 0 and 20 years), the following outline of evaluation and treatment is proposed. This outline assumes no medical or psychological contraindication to evaluation and/or treatment.

1. Palpation of the thyroid and thyroid scan. In view of evidence that only 1/2 of all detected nodules were found by palpation alone,[3] it is felt that a scan is desirable in initial evaluation. This is best done utilizing a pinhole collimator with Tc 99m pertechnetate on a Gamma camera with AP and oblique views.[8]

2. If both scan and palpatory findings are normal, follow-up visits every 1-

3 years with occasional repeat scans are recommended. Use of replacement doses of thyroid hormone to suppress TSH stimulation has some advocates and is an option to be considered.

3. If nodular disease is discovered by palpation, scan is mandatory. If one or more cold nodules are found, appropriate thyroid antibody studies, to exclude thyroiditis, may be ordered as deemed appropriate. If these are negative, or if thyroiditis cannot be diagnosed with a fair amount of confidence, I recommend lobectomy of the side of the gland involved by nodular disease.

If scan shows nodules to be "warm" or "hot," surgery is optional unless the gland or nodule is suspicious clinically (by palpation). Suppressive doses of thyroid hormone or other appropriate medical treatment with careful follow-up can be done for this finding.

4. If, on careful sectioning of the *entire resected lobe* (pathologists, please note!), no evidence of malignancy is found, patient should be followed as in #2.

5. If malignancy is discovered in the resected lobe, total thyroidectomy should be done, with efforts to spare the recurrent laryngeal nerves, parathyroids and associated parts of the thyroid capsule. Any involved or suspicious nodes should also be removed. In most cases, we would suggest that this be followed by an ablative (100 millicurie) dose of ^{131}I given orally to eradicate any remaining thyroid tissue. Chest x-ray $\pm$ appropriate films and/or scan for suspected bony metastases should be done prior to discharge and, if possible, prior to total tyroidectomy.

6. The patient who has now had total thyroidectomy is placed on replacement doses of thyroid hormone and followed carefully.

7. Patients with distant metastases can be treated in a variety of ways. Discussion of this subject is beyond the scope of this paper.

The schematic diagram below summarizes the proposed method of evaluation and treatment:

(See Diagram)

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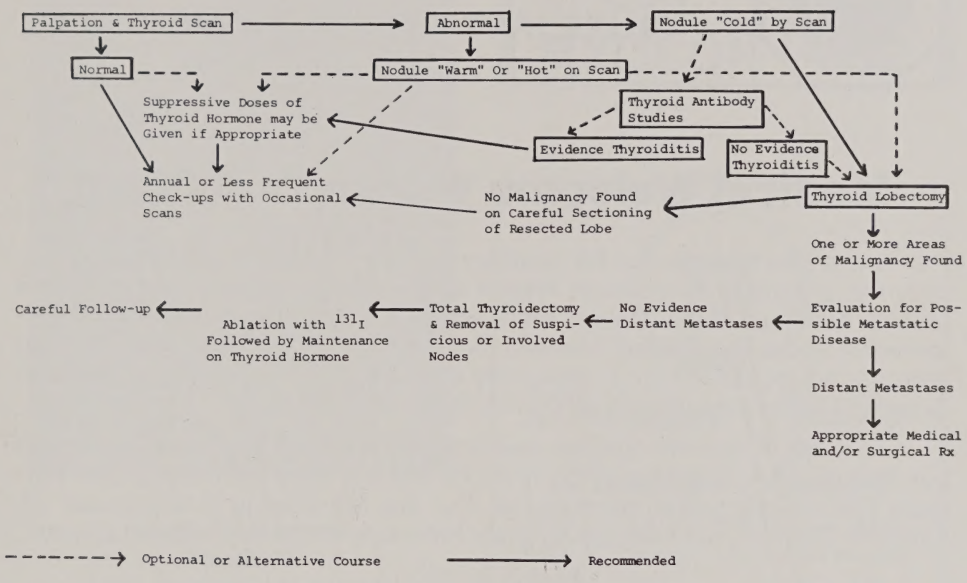
SCHEMATIC SUMMARY OF THYROID EVALUATION IN PREVIOUSLY IRRADIATED PATIENTS


Palpation & Thyroid Scan
Abnormal
Nodule "Cold" by Scan
Normal
Nodule "Warm" Or "Hot" on Scan
Suppressive Doses of Thyroid Hormone may be Given if Appropriate
Thyroid Antibody Studies
Evidence Thyroiditis
No Evidence Thyroiditis
Annual or Less Frequent Check-ups with Occasional Scans
No Malignancy Found on Careful Sectioning of Resected Lobe
Thyroid Lobectomy
One or More Areas of Malignancy Found
Careful Follow-up
Ablation with 131I Followed by Maintenance on Thyroid Hormone
Total Thyroidectomy & Removal of Suspicious or Involved Nodes
No Evidence Distant Metastases
Evaluation for Possible Metastatic Disease
Distant Metastases
Appropriate Medical and/or Surgical Rx
Optional or Alternative Course
Recommended

References

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3. Favers, MJ, Schneider, AB, et al: "Thyroid Cancer Occurring as a Late Consequence of Head and Neck Irradiation." N Engl J Med 294:1019-1025, 1976
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5. Mortenson, JD, Woolner, LB, et al: "Gross and Microscopic Findings in Clinically Normal Thyroid Glands." J Clin Endocrinal Metab 15:1270-1280, 1955
6. Silverberg, SC, Vidone, RA, et al: "Adenoma and Carcinoma of the Thyroid." Cancer 19:1053-1062, 1966
7. Sampdon, RJ, Woolner, LB, et al: "Occult Thyroid Carcinoma in Olmstead County, Minnesota: Prevalence at Autopsy Compared with that in Hiroshima and Nagasake, Japan." Cancer 34:2072-2076, 1974
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* * *

THE PAGE OF THE AUXILIARY TO THE HDMS

Medical Welcome Wagon Organized

In the past few months the Auxiliary to the Hampden District Medical Society has organized a Welcome Wagon to visit all new medical families to the District. Auxillians in the different areas will visit and give each family a kit of information about our Western Massachusetts and of course "The Auxiliary". No pressure will be put to bare to join—only a welcome. If you know of a new family moving to this area please call Cynthia Bye—567-8562.

To those of you who are not members of the Auxiliary, I ask that you read our Presidents Annual Report for 1975-76. We are not a tea party group. Perhaps you will reconsider membership. Our first fall meeting is September 28. Elizabeth Gardner, our National Auxiliary President will be our featured speaker.

BE INVOLVED!!

Carrol Jean Yorzyk
President

APPLICATION FOR MEMBERSHIP
Auxiliary to the Hampden District Medical Society

Qualifications for Membership: A person shall be the spouse of a physician or medical student who qualifies and who has applied for Hampden District Medical Society membership or the widow or widower of a physician who qualified for membership at the time of death, provided that person has not remarried outside the profession.

Name _____ First name _____

Address _____

City _____ ZIP _____ Telephone # _____

The society hopes each member over the years will serve in some capacity. Please check an interested committee.

Health Education ____ Mental Health ____ Program ____ Health Careers ____
Legislation _____ Scholarship _____ Health Careers Fund _____
Historian _____ AMAERF _____ Publicity _____ Medical Library _____
Membership Welcome Wagon _____

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Longmeadow, Ma. 01106

Elizabeth Gardner
President
AMA National Auxiliary

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A Brief Message To the Members of the HDMS:

As I initiate my year as President of the Massachusetts Medical Society I request complete cooperation by all members in return for which I pledge dedicated leadership. I congratulate your officers and committee members for joining the team in **1976-1977.**

Just as success comes so completely to the Hampden District in its outstanding efforts to produce the Health Fair in Springfield, similar participation by the other twenty districts in all activities will be required to approach or cope with the perplexing problems of the times.

I assure you that the office of the President and 22 The Fenway stand ready to hear you and listen to the problems while applauding your successes.

Best wishes for a most succesful future.

C. Nason Burden, M.D.
President—MMS

Welcome New Members

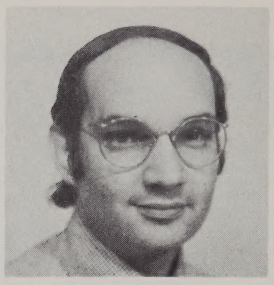
James R. Garb, M.D., 780 Chestnut St., Springfield, Mass. 01107. Born: April 7, 1947. Medical School: University of Pennsylvania. Internship: Baystate Medical Center June/73-June/74. Residency: Baystate Medical Center June/74-June/76. Specialty: Internal Medicine.

Michael A. Geha, M.D., 100 Main St., Agawam, Mass. 01001. Born: November 20, 1945. Medical School: Thomas Jefferson University. Internship: St. Vincent Hospital, Worcester, Mass. July 1, 1971-June 30, 1972. Specialty: Ambulatory Care.

Robert Stephen Gerstle, M.D., 125 Liberty St., Springfield, Mass. 01103. Born: July 17, 1945. Medical School: New York University. Internship: Strong Memorial Hospital, Rochester, N.Y. (straight pediatric) July/71-June/72. Residency: Strong Memorial Hospital, Rochester, N.Y. July/72-June/73; Hartford Hospital, Hartford, Conn. Chief Residency July/73-June/74. Specialty: Pediatric & Adolescent Medicine.

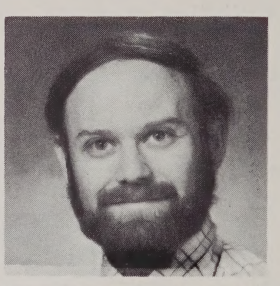
Robert G. Insley, M.D., 8 Woodland Dell, Wilbraham, Mass. 01095. Born: November 20, 1943. Medical School: Albany Medical. Internship: Baystate Medical Center 1972-73. Residency: Baystate Medical Center 1973-75. Specialty: General Medicine.

Yash Pal Malhotra, M.D., 780 Chestnut St., Springfield, Mass. 01107. Born: Febuary 2, 1940. Medical School: Medical College Amritsar, Punjab, India. Internship: V. J. Hospital, Amritsar, July/63-Dec./63—Medical College Hospital, Rohtak, India—January/64-December/64 — (straight surgical) Registrar Surgery—Medical College Hospital, Rohtak, India—April/65-September/70. Resident in Surgery—Baystate Medical Center July/71-June/75. Specialty: General Surgery.



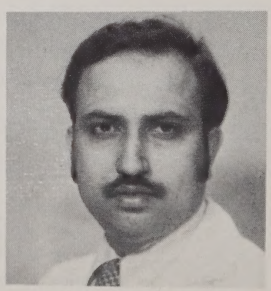
James R. Garb, M.D.

Michael A. Geha, M.D.

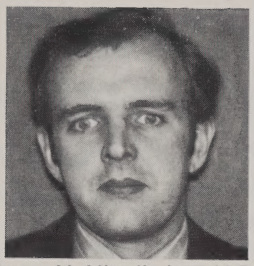


Robert Stephen Gerstle, M.D.

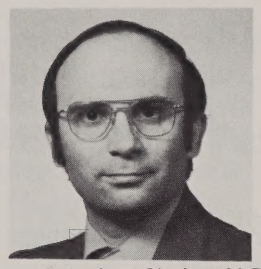
Robert G. Insley, M.D.



Yash Pal Malhotra, M.D.

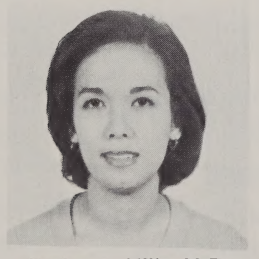


Ernest M. Mittelholzer, M.D.



Gregory Andrew Slachta, M.D.

Paul W. Taylor, D.O.



Evelyn A. Villa, M.D.

Ernest M. Mittelholzer, M.D., 207 Elm St., Holyoke, Mass. 01040. Born: October 30, 1942. Medical School: St. Louis University. Internship: St. Vincent Hospital, Worcester, Mass.—1968/1969. Residency: St. Louis University, St. Louis, Mo. 1969/1972. Specialty: Radiology.

Gregory Andrew Slachta, M.D., 120 Maple St., Springfield Mass. 01103. Born: March 17, 1946. Medical School: Jefferson Medical College. Internship: Lankenau Hospital, Philadelphia, Pa. 7/68-6/69. Residency: General Surgery, Lankenau Hospital, Philadelphia, Pa. 7/69-6/70, Urology, Temple University Hospital, Philadelphia, Pa. 7/70-8/71; 8/73-7/75. Specialty: Urology.

Paul W. Taylor, D.O., 65 Southwick Rd., Westfield, Mass. 01085. Born: February 11, 1945. Medical School: Philadelphia College of Osteopathic Medicine. Internship: John F. Kennedy Memorial Hospital, Stratford, N.J., July 71-June 72. Residency: Brooklyn-Cumberland Medical Center July 72-June 75. Specialty: Pediatrics.

Evelyn A. Villa, M.D., 77 Boylston St., Springfield, Mass. 01104. Born: December 21, 1946. Medical School: University of Santo Tomas. Internship: University of Santo Tomas Hospital, Philadelphia, 1969-70 Suburban Hospital, Bethesda, Maryland January-December 1971. Residency: Hartford Hospital, Hartford, Conn. 1972-1975. Specialty: Anesthesiology.

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Letter to the Membership:

Gardner Cox, II, M.D., President
Hampden District Medical Society
1414 State Street
Springfield, Ma. 01109

Dear Doctor Cox:

At its meeting April 21, 1976 the Executive Board of the Massachusetts Medical Society on recommendation of Dr. Burden voted that the Hampden District Medical Society and the Woman's Auxiliary be commended for a job well done in relation to the Hampden Health Fair held March 11-14, 1976.

It is a pleasure to send you this letter of commendation and I trust you will pass it on to the Auxiliary.

Warmest personal regards.

Sincerely yours,
Louis F. Alfano, M.D.
Immediate Past President
The Massachusetts Medical Society

Letter to Editor:

To the Editor:

The E & D Committee of the MMS reaffirmed the following facts for Yellow Page listings in phone books.

1. There should be no bold face type or boxes used.
2. There should be an alphabetical listing of all physicians and physicians should list themselves under one specialty and one subspecialty.
3. It is allowable to put in the phrases "by appointment" or "office hours—and by appointment."

Vivian M. Purdy
Executive Secretary—HDMS

A Bi-Centennial Report From the ADHOC "Members Committee"

by
Bruce B. Stoler, M.D.
Rocco A. Verrilli, M.D.

By the time you read this, the "great day" of our nation's bicentennial will have past us. Moreover, in just five years from now, the bicentennial anniversary of the founding of the Massachusetts Medical Society will be celebrated!

One hundred years ago the Hampden District Medical Society was 36 years old and had sixty-three members. Doctors rode horseback or bicycles. There were no telephones in Springfield until 1879, the same year the first female physician was admitted to membership in the M.M.S. Appendicitis had not yet been described (by the future president of the M.M.S., Dr. Reginald Fitz) and there was no Board of Registration in Medicine in Massachusetts until 1894.

Today as we look at medical practice, so many changes have occurred since those days that the mind is boggled.

A study of the changes in the activities of organized medicine provides some index to the changes in individual medical practice. The A.M.A., born six years after the H.D.M.S., in 1846, at first concerned itself with establishing and monitoring standards of ethical medical practice, and later with standards of physician education and training. It took the challenge of federalized medicine for the elderly (Medicare) to turn the A.M.A. into an active lobbyist in Washington and the continuing encroachment of government on medical practice through H.E.W.'s promulgation of the infamous pre-admission approval regulations, and the later passage of the H.S.A. legislation, to turn the A.M.A. into a hell-cat in the courts.

But the past is prologue. How can any medical society possibly address itself to the challenges of the next 50 years (let alone to A.D. 2076) in the face of such rapid changes as we have witnessed during the past ten years? The reply is: To properly assess current events and to set sensible goals, supported by a majority of physicians. Thus can a society continue to grow and to lead on behalf of all physicians.

The importance of size and organization in attaining the goals of a minority group has not been lost on those of us who lived through the rebellious sixties. And, make no mistake, physicians are a minority group today! The medical society must be large *and* well-organized if doctors are to attain their goals, locally, statewide and nationally.

But only 47% of doctors in Hampden District belong to the A.M.A. while 77% belong to H.D.M.S. and the M.M.S.

If each one of you who has not joined the A.M.A. will take a few minutes to fill out and mail the application to be found on page 24, and if each of us who *does* belong to H.D.M.S. will talk to the one physician in five who has not yet joined the District Society and encourage him or her to join both locally and nationally, we will be able to strike a united blow in favor of free choice of physician against those who favor giving the federal government control over all aspects of the medical care market through its role as sole purchaser of medical care services, as is currently threatened by the Congress.

The names of those physicians living in Hampden who are not members of H.D.M.S. is printed for your convenience on page 25 & 26.

The September issue of the Hippocrat—the A.M.A. issue—plans to publish the names of all physicians in Hampden who are A.M.A. members in good standing, according to the A.M.A.'s own print-out as of the end of August. If *your* name isn't there as yet, get busy! If you are already a member of H.D.M.S., simply send in the form on page 24 with your check for the dues. If you can afford to work for the federal government 3, 4 or 5 months out of each year simply to pay your taxes, you can certainly afford to give two days pay (tax-deductible) to protect your future against the further incursions of government. *And members in training have full privileges but pay no H.D.M.S. dues at all.*

The names of the Members Committee are listed next. If you need more information to join the H.D.M.S. or the A.M.A., pick out someone you know and contact him before he contacts you. He'll be glad to talk with you about it and to take your application. *Join us—we need you!*

Use the abbreviated form on page 24 to get the non AMA & HDMS members in the organization.

The Editor-In-Chief

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An Abbreviated Application for Fellowship to Massachusetts Medical Society and the Hampden District Society

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Specialty _____ Teaching appointments _____

Military Service _____

Signature _____

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IF YOU SEE A NAME THAT YOU RECOGNIZE – ASK THAT PHYSICIAN TO JOIN. USE THE ABBREVIATED FORM ON PAGE 24.

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THESE ARE 158 PHYSICIANS

These physicians have all taken the Oath and are in the brotherhood of medicine, why not in the Society of the Hampden District. You alone, at a one to one relationship, can convince them that membership is to American Medicine's advantage and will allow for an orderly revolution. A revolution in which Public Health and Preventative Medicine will lead the way to the Nation's goal of the best health possible for all its citizens. A way which is lighted by the torch of American Medicine and has as guides, physicians who are professionals in all health care's diversities, teamed with the other allied health professionals.

W. E. Stevens, M.D. FACR
Editor-in-chief

Note: The Editorial Board of the Hampden Hippocrat would be glad to send a complimentary copy to any physician, who is not a member. Just send the Board the name(s) of the physician whom you have contacted for new membership.

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AMA: Editorial Submitted to all County & District Societies.

American Medical Association Public Affairs Division

We physicians can be so absorbed by our day-to-day problems that we overlook a gigantic danger now building up—a danger that could compound many of our problems and create new ones.

It's the Health Planning Act of 1974. This law is not just another governmental abstraction. It's not just a sauced-up rehash of Comprehensive Health Planning, the Regional Medical Program, and so forth.

Quite to the contrary, it's the framework for a bureaucratic totalitarianism that could reshape the health-care system as we know it—including the responsibilities and expandability of hospitals and other facilities and even the rates they charge.

Moves to put doctors' offices and fees within the scope of the act are afoot in the Department of Health, Education, and Welfare, even though the AMA got them excluded from the law.

Certainly there must be planning. And certainly we must avoid costly overbuilding and overstocking of hospitals. Consider some of the ways, however, in which the Health Planning Act would flout the principles of rational planning, be a heavy expense in itself, and imperil the quality of care.

- The Secretary of HEW is to dominate five somewhat overlapping levels of federal, state and local authority. He is also to issue national health planning policy; appoint a national advisory council; approve state and local planning agencies and the funds they receive, and establish the criteria and procedures they use.
- Certificate-of-need legislation must be adopted in all states, as prescribed by the HEW Secretary. The need for all new institutional facilities and services must be certified; the need for all existent institutional services must be reviewed every five years. Practice-profile data from PSROs, plus the minority status of direct providers of care on local planning boards, could arbitrarily influence the expansion or continuation of services.
- Up to six states are to get federal grants to demonstrate rate regulation for health services. This could become mandatory for all states and encompass physicians, if various planners get their way. The result of regulation is likely to be an obsession with cost at the expense of high-quality care.

The AMA has petitioned federal court to join the State of North Carolina in a suit aimed at voiding the law. But adjudication can take many months. Meanwhile, physicians in many parts of the country are seeking adequate representation on local planning boards, showing up at public hearings pursuant to the law, and otherwise fighting the great potential danger. For the moment there is no other game in town.

A point to use when showing a non-member a reason to join organized American medicine. The Editor-In-Chief

1976 State Legislation Pending

Patients Rights

Senate 425: Establishing the rights of patients and resident in hospitals, clinics, and other health care facilities.

The Massachusetts Medical Society staff and legal counsel have worked with the legislative aids of the Committee on Health Care to develop an acceptable bill. This is the bill that is expected to be reported favorably by the Committee on Health Care.

Medicaid Cuts

Senate 439, Senate 501: These two bills would restore certain services that had been cut last November by the State Legislature from the Medical program. The Society supported restoration of these medical services for the needy.

Continuing Education

Senate 460: This bill filed by MASS PIRG would mandate either continuing medical education or re-examination as requirements for registration renewal by registered physicians.

The Society opposed this bill on the grounds that the Society has been working to develop a voluntary program through the Committee on Medical Education.

Welfare to Set Medical Standards

House 161: MMS opposed this bill that would allow the Department of Public Welfare to set medical standards for the delivery of health care.

MD's Liable for Malpractice by Promoting Fluoridation

House 287: MMS opposed this bill which would hold physicians liable to malpractice for promoting or prescribing fluoridation or fluorides to prevent dental caries.

Permitting Optometrists to Use Drugs

House 1059: MMS opposed this bill which would permit optometrists to use drugs for eye examinations.

MD's Licensure

House 1061: MMS opposed this bill that would mandate that the Board of Registration and Discipline in Medicine license an individual to practice medicine.

Acupuncture

House 1564: MMS opposed this bill to regulate acupuncture. The Board of Registration and Discipline in Medicine should be the regulatory agency.

Restrictive Covenants

Senate 83: This bill was filed by MASS PIRG, an organization that has een highly critical of the medical profession. The bill would regulate professional employment practices and would cause all existing restrictive covenants to become null and void. In August 1975 the Committee on Legislation indicated through a telephone poll that the Society should support some kind of legislation to regulate restrictive covenants. The bill was defeated last year and reintroduced this year. Legal counsel of the Society pointed out the possible illegality of Senate 83 which nulls and makes illegal existing contracts. The Society has not testified in favor of this bill.

More data to convince the non-members to join the MMS. Part of the dues dollar goes here to fight for what is right.

Hospital Costs Controls

House 3160: This bill is Governor Dukakis' proposal to establish a comprehensive system of controlling the cost of purchasing hospital care and services in the Commonwealth.

The testimony of Louis F. Alfano, MMS President, presented at the public hearing at the State House relative to this legislation is printed elsewhere in *Newsletter.*

CIM and Confidentiality

House 3222: MMS supported this bill filed by the Commonwealth Institute of Medicine to provide that information supplied to CIM shall be confidential and not subject to subpeona or other legal process.

Suspension of an M.D.'s License

House 3234: MMS supported this bill which would allow the Board of Registration and Discipline in Medicine to suspend a physician's license, under special circumstances, pending a hearing and with due process.

Midwifery

House 1568: MMS opposed this bill, as written, to permit the practice of midwifery.

Repeal of Claims Made and Occurrence Policies

House 1311: Under the provisions of Chapter 362 of the Acts of 1975, the new professional liability law, insurance companies are required to offer both claims made and occurrence types of professional liability insurance policies. Physicians have the option to choose one or the other. This bill would repeal that provision of Chapter 362.

MMS opposed this bill on the grounds that the special study commission set up under Chapter 362 should have the opportunity first to review the workings of the law and then be allowed to make necessary changes.

Inducing An Individual to Become Sterilized

House 3793: MMS opposed this bill which would impose a fine of not more than $10,000 or two years in jail, or both, for any individual during the course of medical consultation makes any statement or representation and knowing it to be false that results in an individual submitting to any surgical procedure resulting in sterilization.

Disulfiram and Alcoholics

H4626: MMS opposed this bill to restrict the use of disulfiram in the treatment of alcoholics.

Healthy News Release STCC

Springfield Technical Community College has received notification from the Council on Medical Education of the American Medical Association that its Program in Nuclear Medicine Technology has been accredited. This is the first time the Nuclear Medicine Program has been accredited.

STCC's Nuclear Medicine Program is designed to prepare individuals to become valuable members in the rapidly growing field of radiation. Using a variety of radioactive substances, the Nuclear Medicine Technician produces pictures of particular organs under investigation. The use of gamma cameras and scanner is important in this investigation.

Instrumental in the success of the program are: Dr. John W. Turner, Chief Radiologist at Wesson Memorial Unit; Dr. Said Zu'be, Chief of Nuclear Medicine at the Springfield unit of the Baystate Medical Center; Dr. Ibrahim Syed, Health Physicist at Wesson Memorial Unit; Mr. Ronald Hanc, Chief Technologist, Nuclear Medicine, Wesson Memorial Unit and Mr. Gordon Smith, Chairman of the Radiologic Technology Department at STCC.

Report of the Outgoing President of the Woman's Auxiliary- Now the Auxiliary to The Hampden District Medical Society

by Betsy Stevens

NOW is an extremely important time in the history of health care, as we who have attended legislative meetings or sat on the Health Planning Council know only too well. It is a time that physicians and their spouses should reconsider the need for unity and ways to better the medical and the physician's image.

American medicine is at a crossroads; which direction it will take depends largely on how effective the voices are that support it. The numerous bills affecting medicine that are ready to be voted upon or are in committee need your directed opinion. One bill, which is truly ludicrous, sponsored by a New Bedford legislator, would charge a physician with malpractice if he supported fluoridation of drinking water.

During the past auxiliary year, six board meetings were held at my home and you have received three newsletters intended to keep you informed of our progress. The auxiliary was fortunate to apply for and receive a bulk mailing number, saving a considerable amount on our mailing costs. We have 289 active members, and 29 who did not pay their dues. There were 5 resignations and 7 new members. All state and board meetings were attended by at least one of us, even the one the week before Christmas. We have 3 of our auxilians serving on the state board, LADamond, Jan Griffin, and Alice Cumming. We were saddened to report 3 deaths; Frances Ashe, Elizabeth Moriarty and Ida Millman.

The Fall meeting was held at the Yankee Pedlar on September 16. Mrs. Stranahan demonstrated the art of Oriental flower arranging. Joan Asinas and Ellen Donahue were chairpersons for the day. The state Fall meeting was in Stockbridge and featured a panel discussion by medico-legal authorities.

Our only fund raiser, The White Cap Ball, was held at Sheraton West, chaired by Ginny Walthall and Joanne Janovsky; it was a social as well as a financial success, netting $2,488.67. A tree, with many auxilions' RN caps perched on the boughs, was the center of attraction. Helen Gallivan organized the raffle, with 12 prizes, a trip for 2 to Bermuda was the main prize. The raffle netted $1,030.74 giving us a total of $3,519.41 to assist with scholarships for next year.

A word or two about the scholarships. Each year the number of qualified applicants increases. This year we had well over *90* applicants and had to narrow them down to 19 final recipients. A total of $3900 was dispersed. This was a time consuming job but a rewarding one for Audrey Botnick and her committee. The need for financial aid is very definitely on the increase.

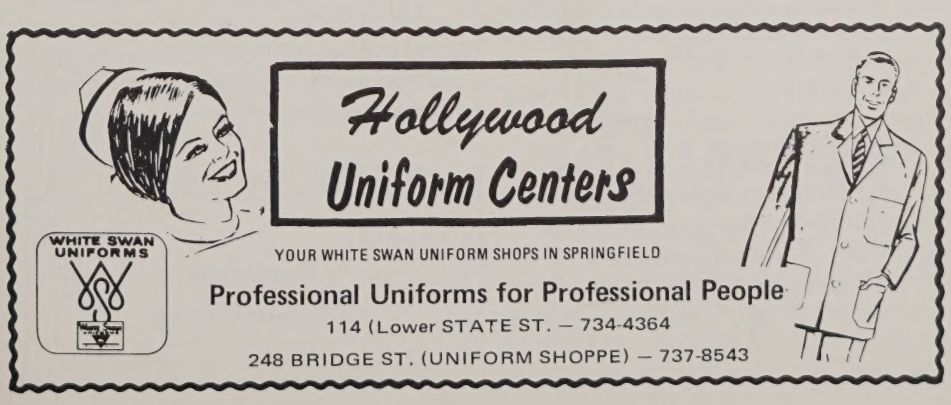
Because there were so many vague areas in our "guidelines for selection," I found it necessary to form a scholarship review committee. Dotty Mozden came to my rescue and chaired this committee. The following new guidelines were drawn up:

1) That the name be changed from "Nurse Recruitment Fund" to "Health Careers Scholarship Fund."
2) Awards shall be made on the basis of need, character, scholarship and apptitude.
3) Applicants must be residents of Hampden County.
4) Applicant must be accepted in an accredited school in a medically related field, excluding pre-medical programs.
5) Applications must be completed and on file by the deadline date established by the scholarship committee.
6) Half of the scholarship money will be paid to the school or the applicant at the start of the school year. The balance will be paid at the start of the second semester. The decision will be made by the committee.
7) A sinking fund of $500.00 shall be maintained at all times to be used for initial White Cap Ball expenses.
8) The sinking fund was established at the January 12, 1954 board meeting when it was decided to use all available scholarship funds except for 5% of the money raised each year. This 5% was set aside in a savings account and became the sinking fund. This fund shall now be called the White Cap Ball Operating Fund.
9) Any money used from this White Cap Ball Operating Fund must be replaced within 30 days of the White Cap Ball. Interest from this fund will be added to the general scholarship fund.
10) The duties of the scholarship chairman and committee shall end in June after completion of their duties.
11) The scholarship chairman and her committee should seek out and review the needs of our own medcal community.

Flyers relating the need to be immunized were dispersed in the North end. These were printed by the state auxiliary.

Sandy Sheehan made our Holiday Tea a tremendous success. It was held at Lois Grant's; though it was a dreary day we had over 125 ladies come out to relax and enjoy the company of other physicians wives. It was a delight to see so many new faces!

The annual Valentine Party for the Municipal Hospital patients was held on Thursday, February 12, 1976. The 100 patients were wheeled or walked down to view Hansel and Gretel that was presented by the Popsicle Players. The operetta delighted everyone. Polly Miller had 61 raffle gifts plus many gifts of lotions, combs, key rings and skin cream so each patient received something.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Carol Yorzyk planned a fun night for us on March 7th at the Yankee Pedlar. The new Black Eagle Jazz Band from Boston played New Orleans Jazz to a capacity crowd. There were 244 tickets and all tickets were sold. Though it was to be only a fun night, and not a fund night, about $190.00 was cleared. It was a delight to see so many auxilions and their spouses, some who have not attended any other functions.

March 11-14 was Health Fair '76 at the Civic Center. The Auxiliary board voted to support the H.D.M.S. with a donation of $500.00. Kay Leagus was our chairperson. Forty-three auxilions gave many hours of their time. Kay supplied volunteers for the office, the information booth, the Medical History Booth and the film theater. The film theater was the auxiliary's contribution to the Fair. Claudine Sheffield arranged 12 continuous pertinent films to be shown. They were 10 minutes through 25 minutes in length and had a very good attendance—an excellent public relations project. For those of you who didn't see the History Booth, it was the focal point of the Fair. Peggy Stoler compiled a flyer on the history of medicine in Springfield. Copies of this were distributed to people as they reviewed the six portraits of the physicians through the years. Kay Mazelivitch, state President, came to the opening day ceremonies as well as Dr. Parrot, A.M.A. President. The opening day of the Health Fair was designated by the auxiliary as Doctor's Day. We honored Drs. Beauchamp, Sr., Boss, Sr. and Haggerty with a red rose boutonniere and a contribution to A.M.A.E.R.F. in their behalf. These physicians have each practiced 50 years of medicine.

Cynthia Bye, legislation chairperson, attended all the state meetings on legislation. Some of us went to the Joint Hospital Association and State Auxiliary Meeting on legislation held at the state house in Boston. Iris Holland was most kind in showing us around and talking with us. Iris is one of the legislators on the medical committee. There was an on-the-road hearing for Bill 3160. With the assistance of the telephone committee, Cynthia had many members present for the hearing.

Elsie Caldora collected a total of $653.75 for A.M.A.E.R.F. through the sale of jewelry, memorial cards and Christmas cards. Each medical school in Massachusetts receives at least $5000.00 in funds from the A.M.A.E.R.F.

Each month Pat Nenninger wrote an article for our page in the Hampden Hippocrat. She also took care of any other publicity that was needed throughout the year.

Helen Corwin, nutrition chairperson, has been asked to sit on the Board of Nutrition for Better Health Committee formed by the New England Dairy and Food Council. Every public relation experience is important.

Beverly DeWesse, Health Careers Chairperson, contacted 38 schools through a form letter informing them that the film "Horizon Unlimited" was available for showing. Thirteen schools responded and showed the film.

Clothes were collected by International Health Chairperson, Helen Atamian, for a mental hospital near Boston.

Mary Lou DeRose, historian, among her many other jobs, managed to get the scrap books repaired and in order.

The Telephone Chairperson, Terri LaPierre and her committee have been called into service many times this year. An important committee in the Auxiliary.

Henderson's
Funeral Home

Jean Medrek, Community Service Chairperson, has had volunteers going to the Medical Library to assist the librarian in cataloging.

Carol Yorzyk as well as being my right hand, and necrology chairperson, was also in charge of membership. She has been very busy compiling a folder that can be presented to new members. This will be ready for distribution in the Fall.

Your outgoing President has been asked to sit on the Education Committee of the Health Planning Council. In time, the Health Planning Council may be the deciding organization for Health Care in the United States.

Now that my term has drawn to a close, I want to thank each and everyone of you for your continued loyal support throughout my year. The job of Auxiliary President has been a very gratifying and enjoyable one for me, but it cannot be done alone. The district officers, all my committee chairpersons and many of the past presidents gave me assistance wherever and whenever it was needed, which seemed often. All of our thanks go to Vivian Purdy and Fran in the H.D.M.S. office, also to the Hampden Hippocrat for all of the coverage it gave us.

I thank you for my year.
Mrs. Walton E. Stevens (Betsy)

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